



## Investigation – RI Definitions & Rules for Entering Investigation Streptococcus Pneumoniae

Note: All fields in **RED** are required by the NEDSS system; all **BOLDED** fields are required by RI.

Any questions that relate to ABC Investigation do not have to be answered

Brief Description or Field Name	Description	RI Rules for Data Entry
<b>Investigation Summary</b>		
<b>Jurisdiction</b>	<b>The region responsible for the investigation</b>	<b>Required; RI has only 1 jurisdiction</b>
<b>Program Area</b>	<b>The organizational ownership of the investigation. Program areas(e.g. General Communicable Diseases, Hepatitis, STD, HIV/AIDS, Vaccine Preventable) are defined by the conditions for which they provide primary prevention and control.</b>	<b>Required. This is pre-populated based on the condition.</b>
State Case ID	Open field to be used by OCD, if needed.	Leave blank.
<b>Investigation Start Date</b>	<b>Date the investigation was started.</b>	<b>Required</b>
<b>Investigation Status</b>	<b>The status of the investigation: Open or Closed.</b>	<b>Leave as OPEN until the investigation is completed (i.e. until all pertinent facts necessary to evaluate the risk and determine if treatment is necessary.) Then change to closed</b>
Share record with Guests	This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction.	Defaults to checked. OK to leave checked. Not in use by RI at this time
<b>Investigator</b>	<b>The name of the person who is responsible for the case investigation</b>	<b>Required. Quick code = first initial of first name +first 5 letters of last name.</b>
<b>Date assigned to Investigation</b>	<b>The date that the Investigation was assigned to the investigator or the date the investigator started the investigation if self-assigned</b>	<b>Required</b>



Brief Description or Field Name	Description	RI Rules for Data Entry
<b>Reporting Source</b>		
Date of Report	Date first reported by reporting source if reported by phone or date reported to health according to lab or morbidity report.	Required
Reporting Source	Type of facility or provider associated with the source of information sent to Public Health. For Animal Rabies it would be the Health Laboratory	Leave Blank
Earliest Date Reported to County	Date first reported to County	Leave blank
Earliest Date Reported to State	Date first reported to State	Not required
Reporter	Search table for who Reported the case	Not required.
<b>Clinical</b>		
Physician	Search table for patient's physician.	Enter if known
Was the patient hospitalized for this illness?	Was the patient hospitalized for this illness?	Required
Patient Chart Number	If this case involved a chart review enter the chart number	Enter if known
Hospital	The hospital where the patient was hospitalized or where the diagnosis was made	Enter if known
Admission Date	Date of admission	Enter if known
Duration of Stay in days	How many days the patient was hospitalized for this condition	Enter if known
Diagnosis Date	Date of diagnosis of condition being reported.	Not required
Was the patient transferred from another hospital		Enter if known
<b>Questions on Condition</b>		



Brief Description or Field Name	Description	RI Rules for Data Entry
Illness Onset Date	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. Enter date of 1st symptom related to this illness	Enter if known
Illness End Date	The time at which the disease or condition ends.	Not required
Type of infection caused by organism	Multi-selection possible. Select more than one if required	Required
Bacterial species isolated from any normally sterile site	This is required for notification Input Strep.pneumoniae, drug-res. Invasive	Required
Date first positive culture obtained:		Required
Sterile sites from which organism isolated	Can select more than one site here	Required
Nonsterile sites from which organism isolated		Enter if known
Did the patient have any underlying conditions?		Required



Brief Description or Field Name	Description	RI Rules for Data Entry
<b>Underlying Conditions</b>		<b>Required</b>
Was the patient pregnant/post-partum at the time of the first positive culture?		Enter if known
Is the patient <1 month of age		Enter if known
<b>Did the patient die from this illness?</b>		<b>Required</b>
<b>Resistance Testing Results</b>		
<b>Zone Size</b>	The disk is used to screen pneumococcal isolates for beta-lactams. Decreased susceptibility to beta-lactams (penicillin and cephalosporins) is considered probable with oxacillin zone size $\leq 19$ mm.	<b>Required</b>
<b>Interpretation</b>		<b>Required</b>
<b>Antimicrobial Agent</b>		<b>Required</b>
<b>Susceptibility Method</b>	Agar dilution, broth dilution, disk diffusion (Kirby Bauer) and antimicrobial gradient strip dilution (E-test).	<b>Required</b>
<b>S/I/R/U Result</b>	Corresponding interpretation for the MIC as susceptible, intermediater or resistant.	<b>Required</b>
<b>Sign</b>		Enter if known
<b>MIC Value</b>	The least amount of an antimicrobial agent that prevents growth in the dilution method of determining antimicrobial susceptibility.	<b>Required</b>
<b>Does the patient have persistent disease as defined by positive sterile site cultures 2-7 days after the first positive culture?</b>	Persistent Disease: Isolates from the same patient on multiple occasions within 2-7 days (inclusive) of the initial isolate, suggesting treatment failure due to antibiotic resistance.	<b>Required</b>
<b>Vaccine Information</b>		



Brief Description or Field Name	Description	RI Rules for Data Entry
<b>Has patient received 23-valent pneumococcal POLYSACCHARIDE vaccine?</b>		Enter if known.
If <15 years of age, did the patient receive pneumoccal CONJUGATE vaccine?		Enter if known
<b>Vaccination Record</b>		
Vaccination Record information		Not Required
<b>Epidemiologic</b>		
<b>If &lt; 6 years of age is the patient in daycare?</b>	(Daycare is defined as a supervised group of 2 or more unrelated children for > 4 hours/week)	Enter if known.
<b>Was the patient a resident of a nursing home or other chronic care facility at the time of the first positive culture?</b>		Enter if known.
<b>Is this part of an outbreak?</b>		Required
<b>Where was the disease acquired?</b>		Enter if known.
Confirmation Method	Code for the mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived. Example: Clinical diagnosis (non-laboratory confirmed), Epidemiologically linked, Laboratory confirmed, Unknown	Enter if known.



Brief Description or Field Name	Description	RI Rules for Data Entry
<b>Case Status</b>	Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case.	Required for Notification
<b>MMWR Week</b>	MMWR Week for which case information is to be counted for MMWR publication.	Required
<b>MMWR Year</b>	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Required
<b>Administrative</b>		
Was the case first identified through audit?		Not Required
Does this case have recurrent disease with the same pathogen?		Not Required
Case Report Status		Not Required
General Comments	Field which contains general comments for the investigation.	Enter if needed.
<b>Condition Specific Custom fields</b>		

Notes: